

Small Rural Pharmacy Grants Program FINAL REPORT FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT THE COMPLETED FORM TO THE PROGRAM BY 5:00 PM EST ON FRIDAY, JULY 30TH, 2021. THANK YOU.

1.	What were the total # of MCO prescriptions filled between January 1st and August 31st of CY2020 by the beginning of the funding period (Tuesday, September 1st, 2020) and the total # of MCO prescriptions filled between November 1st and June 30th in CY2020-CY2021 by the end of the funding period (Wednesday, June 30th, 2021)?
	a. Beginning:
	b. Ending:
2.	What was the percent change in these numbers over the grant funding period?
3.	What were the total # of MCO participants covered by your pharmacy between January 1st and August 31st of CY2020 by the beginning of the funding period (Tuesday, September 1st, 2020) and the total # of MCO participants covered by your pharmacy between November 1st and June 30th in CY2020-CY2021 by the end of the funding period (Wednesday, June 30th, 2021)?
	a. Beginning:
	b. Ending:
4.	What was the percent change in these numbers over the grant funding period?
5	Were there any changes in which managed care organizations (MCOs) provider network your pharmacy participated with during the grant funding period?

Signature of Authorized Representative	Date	
Certification: I certify that we used this funding for co	sts related to dispensing prescriptio	ns.
funds below:		,
. Please provide any additional comments about	the grant program or the use o	f vou